Why immunizations are important

Why it’s important to discuss cancer screenings with your doctor

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Get the facts on measles to remain protected

A disease once thought to have been eradicated in developed countries has become a newsmaker once again, with reported cases affecting various areas of North America.

The American Red Cross says the United States is presently experiencing the highest number of measles cases since the disease was considered eliminated in the country back in 2000. Seventy-five new cases were reported in one week in May 2019, bringing the total confirmed cases to 839 across 23 states at that point. Canada reported six confirmed cases at the same time.

In recent months, measles has been reported in Arizona, California, Colorado, Connecticut, Florida, Georgia, Illinois, Indiana, Iowa, Kentucky, Maryland, Massachusetts, Michigan, Missouri, Nevada, New Hampshire, New Jersey, New York, Oregon, Pennsylvania, Tennessee, Texas, and Washington. Even though all 50 states require measles vaccinations prior to children entering school, there are some medical exemptions, and exemptions for religious and philosophical reasons, according to the Red Cross.

The Centers for Disease Control and Prevention says that measles outbreaks are linked to travelers who bring measles back from other countries. Measles outbreaks have been documented in Israel, Ukraine and the Philippines.

In New York, state senators and other politicians have pushed to end non-medical exemptions, including religious waivers from vaccinations. Roughly 530 cases of measles were confirmed in an area of Brooklyn, New York, between October 2018 and May 2019, leading Mayor Bill de Blasio to declare a public health emergency and ordering mandatory vaccinations under the threat of $1,000 fines.

Schools in Lakewood, New Jersey, were shuttered for many days due to measles cases. Some schools sent the message that children will not be able to attend without proof of vaccination.

Measles is a highly contagious virus that lives in the mucus of infected people. It is spread through coughing and sneezing. Measles is so contagious that if one person has it, 90 percent of those close to that individual who are not immune will be infected, says the CDC. Early symptoms include a high fever, cough, runny nose, and red, watery eyes. Within two or three days of such symptoms surfacing, small white spots may appear in the mouth before a red measles rash on the face and body develops.

The best protection against measles is a measles-mumps-rubella (MMR) vaccine, which provides long-lasting protection. Children typically receive two doses of MMR — one as an infant and one between the ages of four and six.

Those concerned about measles can speak with their doctors about a measles booster and the various risk factors for the virus.
Learn about the causes of adult hearing loss

Hearing loss is quite common and can impact people’s lives in profound ways. Although there are some treatments that can improve one’s ability to hear and communicate, many people are interested in learning about the ways they may be able to prevent hearing loss in the first place.

Medical experts from the American Speech-Language-Hearing Association advise that hearing loss can be caused by different factors. Learning about these causes can help individuals make smart decisions at a young age to prevent future hearing loss when possible. In certain circumstances, hearing loss may be unavoidable. In such instances, audiologists, or doctors specializing in hearing, can help.

Conductive hearing loss
Conductive hearing loss refers to problems with the ear canal, ear drum or middle ear and its bones, states the Hearing Loss Association of America. Some of the causes of conductive hearing loss include:
- Otitis media is an infection of the middle ear in which fluid accumulation can interfere with the movement of the eardrum and ossicles.
- Impacted earwax also can cause hearing problems.
- Fluid in the middle ear may obstruct hearing.
- Otosclerosis, which is a middle ear disease, can make it difficult for the tiny bones in the middle ear to move. Surgery can correct the problem.
- Malformation of the outer ear, ear canal or middle ear structure can impact hearing as well.

Sensorineural hearing loss
Sensorineural hearing loss, or SNHL, occurs due to problems of the inner ear. It is often referred to as nerve-related hearing loss.
- Aging is a common cause of hearing loss that may not be reversible. Age-related hearing loss is called presbycusis and is marked by muffled or unclear speech. Treatment with assistive hearing devices can help improve hearing.
- Trauma to the ear or head may impact hearing. Wearing protective gear during sports or other activities can protect against neurological damage that may cause hearing loss.
- Damage to the inner ear can result from prolonged exposure to loud noises, states the Mayo Clinic. These noises cause wear and tear on the hairs or nerve cells in the cochlea that send sound signals to the brain. When these hairs or nerve cells are damaged or missing, electrical signals aren’t transmitted as efficiently, and hearing loss occurs. Using hearing protection and turning down the volume can help.
- Ménière’s disease is an inner ear problem of unknown origins. It usually starts in people between the ages of 30 and 50. Dizziness and ringing of the ear are common, and hearing loss comes and goes. Some loss can become permanent.
- Viruses and diseases as well as family history also may play a role in SNHL.

In some instances, hearing loss may be the result of a combination of factors. Anyone finding their hearing has become less acute should visit with an audiologist. One resource to visit is www.asha.org/profind. The doctor can then prescribe a treatment plan to help improve hearing.
Health-conscious consumers have no doubt encountered advertisements for CBD oil at some point in recent memory. Supplement stores, pharmacies and even gyms may promote CBD oil, prompting consumers to wonder just what CBD is and how it may or may not play a role in the treatment of certain conditions, including arthritis.

According to the Arthritis Foundation®, two kinds of the cannabis sativa plant, hemp and marijuana, produce cannabinoids, which Harvard Medical School notes is the second most prevalent of the active ingredients of cannabis. People unfamiliar with cannabidiol, or CBD, a type of cannabinoid, may assume it gets users high like marijuana. However, CBD doesn't get users high, as another cannabinoid, a psychoactive part of the marijuana plant known as THC, is responsible for that effect.

Advocates for CBD often note its potential to alleviate pain associated with arthritis. While animal studies have supported those claims, the Arthritis Foundation notes that such studies do not always translate to humans. In addition, the Arthritis Foundation notes that, thus far, human studies examining the potential efficacy of CBD in treating arthritis pain have produced mixed results, and the Harvard Medical School notes that more studies are necessary to determine the potential of CBD in treating pain, including that caused by arthritis.

Laws also vary regarding the legality of CBD, though many places allow some form of CBD. Consumers should first consult with their physicians regarding their conditions and whether or not CBD might help them.
Cancer affects people from all walks of life. The American Cancer Society says that, in 2019, there will be approximately 141,000 cancer cases diagnosed and about 103,000 cancer deaths in the United States. Breast cancer, lung cancer and prostate cancer are some of the most common cancers, although just about any area of the body can be affected by the cell mutations that lead to cancer.

There is no cure for cancer, although billions of dollars are spent each year researching the disease and potential cures. Until a cure has been found, individuals must rely on screenings and prevention methods.

Cancer screening tests are designed to find cancers in their earliest stages, when the disease is most treatable. Many cancer screening tests have been found to lower the death rate from particular cancers, according to the health and wellness resource site MedicineNet.

The Centers for Disease Control and Prevention supports various cancer screening tests as recommended by the U.S. Preventive Services Task Force. The average person should discuss with their physicians their risk for certain cancers. By considering individual medical history, family health history and/or prior screening results, doctors can develop a screening plan to reduce patients’ risk of cancer.

- Breast cancer: Mammograms can help find breast abnormalities early on when they are easier to treat and can produce a very good success rate.
- Colonoscopy/sigmoidoscopy: These tests help detect colorectal cancer early on and also may help prevent the disease. These tests can find abnormal colon growths that can be removed before they become cancer.
- Cervical cancer: A Pap test can find abnormal cells in the cervix that may turn into cancer. Early detection of cervical cancer increases survival rates.
- Lung cancer: Yearly lung cancer screening with low-dose computed tomography for those with a history of smoking, particularly heavy smoking, is often recommended.

Prostate cancer testing, including blood tests and digital rectal exam, used to be the norm. However, Cancer.org says expert groups no longer recommend routine prostate cancer screenings because many of these cancers are not deadly and early detection has not been shown to reduce the chances of dying from prostate cancer. Some people may still ask to be screened for prostate cancer as well as cancers of the ovaries, pancreas, testicles, and thyroid even though screenings have not been shown to reduce deaths from those cancers.

Some cancer screenings are recommended to help catch cancer early and prevent the disease from progressing. People are urged to speak with their doctors about which tests are best for them.
Individuals visit the doctor for many different reasons. Although serious illnesses or acute medical care may be seen as the primary reasons behind doctor visits, a relatively recent study from The Mayo Clinic suggests otherwise. In 2013, data published in the journal Mayo Clinic Proceedings uncovered that most people visit the doctor for skin disorders, such as acne or dermitis. In the United States, 42.7 percent of the doctor visits studied were for skin ailments.

Skin ailments were followed by joint disorders, back problems, cholesterol, and upper respiratory conditions. The group BackCareCanada says 80 percent of individuals experience pain in their spine at some point in their lives, and medical expenditures with respect to lower back pain are estimated at between $6 and 12 billion annually in Canada.
Managing your cholesterol starts with what you eat

High cholesterol, particularly high levels of “bad” cholesterol, is a risk for heart disease. The Mayo Clinic says that high cholesterol also can increase risk for heart attack. Understanding cholesterol and how to control it can help people live longer, healthier lives.

Cholesterol is a waxy substance that comes from two main sources. It is produced naturally by the liver and is obtained by eating certain foods, primarily animal products like meat, dairy and eggs. When these foods are consumed, the liver makes more cholesterol than it normally would, says the American Heart Association.

Harvard Medical School says that making certain food choices can help lower cholesterol levels. Some foods help prevent cholesterol from forming, while others lower low-density lipoprotein, also referred to as “LDL” or “bad” cholesterol. Some foods increase the amount of high-density lipoprotein, also known as “HDL” or “good” cholesterol. Still other foods block the body from absorbing cholesterol.

Because food and cholesterol are so closely linked, dietary changes can have a profound impact on people diagnosed with high levels of bad cholesterol. The following are some changes such individuals can implement.

- **Increase soluble fiber.**
  Soluble fiber is found in oatmeal and other whole grains, flax, apples, legumes, and beans. Because soluble fiber can’t be broken down, it goes through the body and bloodstream like a giant mop, collecting bile generated to digest fats. The fiber and the fat-soaked bile are then excreted in the stool. According to Healthline, bile is made from cholesterol, and when the liver needs to make more of it to digest fat, it does so by pulling cholesterol out of the bloodstream, naturally reducing cholesterol levels as a result.

- **Eliminate trans fats.**
  Trans fats, or those foods listed on labels primarily as hydrogenated oils, can raise overall cholesterol levels. The Food and Drug Administration has banned the use of partially hydrogenated vegetable oils by Jan. 1, 2021.

- **Eat more fatty fish.**
  Harvard Medical School says that eating fish two or three times a week can lower LDL by replacing meat and by delivering LDL-lowering omega-3 fats to the body. Omega-3s reduce triglycerides in the bloodstream and also protect the heart by helping to prevent the onset of abnormal heart rhythms.

- **Use vegetable oils.**
  Liquid vegetable oils, like canola or soybean, can be used in place of solid fats like butter or lard when cooking.

- **Choose low-fat dairy.**
  Substitute the low- or no-fat varieties of milk and cheeses instead of high-fat versions.

Dietary changes can make a big difference when it comes to reducing cholesterol.
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**things become more clear.**

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Psoriasis is a common skin ailment that affects approximately 7.5 million people in the United States, according to the American Academy of Dermatology. While psoriasis affects people in all age groups, it is primarily seen in adults — with the highest rates of affliction among those between the ages of 45 and 64. The most common form of psoriasis is called “plaque psoriasis,” which is characterized by raised patches of reddish skin with silvery-white scale. Between 25 and 30 percent of those with psoriasis will also experience complementary joint inflammation that produces symptoms of arthritis. This is called psoriatic arthritis. Although there is no cure for psoriasis, which is believed to be an autoimmune disorder, it can be managed with topical treatments for mild cases or immune-suppressing medications for severe cases.
Questions to ask when your
doctor prescribes a new medicine

Though few people may want to take medicine each day, prescription drugs prolong lives and help people manage conditions that might otherwise make it difficult to live life to the fullest.

A 2017 survey from Consumer Reports found that 55 percent of people living in the United States take a prescription medicine. The survey also found that those who take prescription drugs use an average of four such medications. That figure might alarm some people, especially aging men and women whose bodies might be more susceptible to conditions that are often treated with medication.

There's no denying that prescription drugs can save lives. But men and women have a right to explore their options when doctors prescribe them medications, and asking the right questions when doctors suggest medication can help men and women decide if prescription medicine is their best option.

To help men and women make the best decisions regarding their healthcare, the National Institute on Aging advises people to ask their physicians these questions when being prescribed a new medicine.

• What is the name of the medicine, and why am I taking it?
• Which medical condition does this medicine treat?
• How many times a day should I take the medicine, and at what times should I take it?
• If the prescription instructions say the medicine must be taken “four times a day,” does that mean four times in 24 hours or four times during the daytime?
• How much medicine should I take?
• Should I take the medicine on its own or with food?
• Should I avoid certain foods and beverages when taking this medicine?
• How long will it take this medicine to work?
• Will this medicine cause problems if I am taking other medicines?
• Can I safely operate a motor vehicle while taking this medication?
• What does “as needed” mean?
• When should I stop taking the medicine?
• What should I do if I forget to take my medicine, ?
• Can I expect any side effects? What should I do if I have a problem?
• Will I need a refill, and how do I arrange that?

When discussing medications with a physician, it’s imperative that men and women be forthcoming about any other medicines they might be taking under the guidance of other doctors. In addition, men and women should tell their physicians about any over-the-counter medicines or vitamins and supplements they are taking. Sharing such information can prevent potentially serious complications from arising.

Medicine saves lives every day. Smart patients can help medicine do its job by learning about their medications and discussing them openly and honestly with their physicians.
Why immunizations are important

Measles is not something that garnered much attention outside the medical community in recent decades. However, in 2019 a series of measles outbreaks put the spotlight back on this highly contagious infectious disease.

According to the Centers for Disease Control and Prevention, between January 1, 2019, and May 31, 2019, 981 individual cases of measles had been confirmed in 26 states in the United States. That marked the greatest numbers of measles cases reported in the U.S. since 1992. And the U.S. is not the only country in North America facing a measles problem, as the Public Health Agency of Canada reported that, as of mid-May, 54 cases of measles had been reported in the country in 2019. Perhaps most surprising, measles was declared eliminated in 2001, leading many to wonder what’s behind the sudden outbreaks so long after the disease had seemingly vanished.

The CDC reports that the majority of people who got measles in 2019 were unvaccinated. While measles was declared eliminated nearly 20 years ago in the United States, the CDC notes it’s still common in many parts of the world. When unvaccinated travelers visit countries where measles is still common, they can bring the disease with them, ultimately allowing it to spread in communities where large groups of people are unvaccinated.

Regardless of why people choose to avoid vaccinations, it’s important to note some of the reasons why health organizations like the CDC and the World Health Organization urge all children and adults to be immunized.

**Immunizations save lives.** The CDC notes that advancements in medical science have made it possible for humans to protect themselves against more diseases than ever before. Once-fatal diseases have now been eliminated thanks to safe and effective vaccines.

**Immunizations protect loved ones.** Some people cannot receive certain immunizations due to allergies, illness, weakened immune systems, or other factors. Such individuals are vulnerable to disease, and especially vulnerable if their loved ones who can be vaccinated do not receive their recommended immunizations.

**Immunizations save money.** The human toll of failing to be immunized can be fatal, and the financial toll can be heavy, too. Children with vaccine-preventable diseases may not be allowed to enroll in certain schools or daycare facilities, forcing parents to make decisions that can affect their ability to earn a living. In addition, medical bills that result from long-term illnesses can be substantial. The majority of health insurance plans cover vaccines for adults and children at little or no cost, and even uninsured families can receive free or inexpensive vaccines through certain government programs.

Immunizations take only a few seconds to receive but can have a positive effect that lasts a lifetime.

“The aim of medicine is to prevent disease and prolong life, the ideal of medicine is to eliminate the need of a physician.”

– William James Mayo
Health screenings men should discuss with their physicians

Routine doctor visits are a vital component of a healthy lifestyle. As noted by the U.S. National Library of Medicine, even men who feel healthy and live active lifestyles must make routine visits to their healthcare providers. Such visits can assess risk for future medical problems and offer men the opportunity to update vaccinations. Routine health checkups also give doctors a chance to screen for medical issues.

Doctors consider a man's age and other risk factors to determine when and how frequently he will need certain medical screenings. For example, while men between the ages of 40 and 64 are often advised to get blood pressure screenings at least once per year, those with diabetes, heart disease, kidney problems, and other conditions may need more frequent screenings.

No two men have the same medical histories, which only highlights the need for men of all ages to schedule annual physical exams with their physicians. Such exams can reveal potential problems and also make for great opportunities to discuss more specific medical screenings with their physicians. The following are some general screening tests and guidelines recommended for all men between the ages of 40 and 64, courtesy of the USNLM.

**Prostate cancer**

The USNLM notes that most men age 50 or older should discuss screening for prostate cancer with their physicians. Ethnicity and family history are some of the recognized risk factors for prostate cancer. As a result, African American men and men with a family history of prostate cancer in a first degree relative younger than 65 should discuss screenings beginning at age 45.

There are pros and cons to prostate cancer screenings, and these should be part of men's discussions with their physicians.

**Colorectal cancer**

All men between the ages of 50 and 75 should be screened for colorectal cancer. Physicians may recommend colorectal screening for men under age 50 with a family history of colon cancer or polyps. In addition, physicians may consider screenings for men under 50 who have a history of inflammatory bowel disease.

**Cholesterol**

The USNLM advises men to have their cholesterol levels checked every five years. Men with certain conditions, such as diabetes and heart disease, may need to be checked more often.

**Diabetes**

Diabetes screenings are recommended every three years for men age 45 and older. Men who are overweight and younger than 45 should ask their physicians if they should be screened before they reach 45.

**Osteoporosis**

Women are more likely to develop osteoporosis than men, but that doesn’t mean men are immune to this condition marked by a weakening of the bones due to tissue loss. Fractures after age 50, heavy alcohol use, smoking, and low body weight are some risk factors that can make men vulnerable to osteoporosis. Health screenings can catch diseases and other conditions in their early stages when they’re most treatable. Such screenings should be a vital part of men's health routines.
Colorectal screening with 
COLONOSCOPY saves lives

Radio Frequency Ablation is treatment in eliminating Barrett’s Esophagus

No Clear SYMPTOMS Significant RISKS

Talk to your DOCTOR about your concerns if:

1. You have more than occasional heartburn symptoms
2. You have experienced heartburn in the past, but the symptoms have gone away
3. You have any pain or difficulty swallowing
4. You have a family history of Barrett’s Esophagus or Esophageal Cancer
5. You have an ongoing, unexplained cough
6. You have been speaking with a hoarse voice over several weeks
7. You have a long lasting, unexplained sore throat
8. You cough or choke when you lie down

Our goal is simple...
We want everyone to understand that HEARTBURN CAN CAUSE CANCER.

Barrett’s Esophagus

Pre-Cancerous Changes in the ESOPHAGUS
Acid and other digestive juices from the stomach can cause damage to the lining of the esophagus. In some cases, that causes pre-cancerous cells to form. That condition is known as Barrett’s Esophagus.

Esophageal Cancer is deadly and INCREASING RAPIDLY
If Esophageal Cancer is caught in early stages, or even before it becomes cancer, patients have a good chance for survival.

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